| Arizona Department of Health Services<br>Office for Children with Special Health Care Needs<br>Children's Rehabilitative Services Administration | **Effective Date: 1/09/2008**<br>**Last Review Effective Date:**<br>**7/01/2008** |
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| SUBJECT: Quality Management | SECTION: QM 1.6 |

| SUBTITLE: Data Validation |
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## POLICY:

Children's Rehabilitative Services Administration (CRSA) will ensure that information and data received from Contractor(s) is accurate, timely and complete by reviewing and evaluating the reported data for accuracy, completeness, logic, and consistency.

## DEFINITIONS:

Dataset:  An organized collection of data.  (For example, the New Member Enrollment Log or Quality of Care Cases)

Error Rate:  The number of errors divided by the number of values reported.

Logic Check:  A review of the data to look for logical inconsistencies.  (For example, an enrolling visit that occurs before the member was born)

Provider:  A CRS Contractor or its subcontractor who provides CRS covered services to a member.

Provider Profiling:  Information aggregated to the provider level.

Range Check:  A review of the data to look for values that are out of range. (For example, an out of range value for a field that is defined as 'Yes' or 'No' would be any value other than 'Yes' or 'No')

Contractor:  An entity contracted with CRSA under a capitation arrangement to provide CRS covered services directly or through sub-contractors to CRS members within a specific region of the state or through application of the CRS transfer policy.

## STANDARD:

1)   CRSA will ensure that Contractor(s) have written policies and procedures to ensure that (AHCCCS AM/PM Chapter 910-8):
    a)   Information/data received from providers is accurate, timely and complete.
    b)   Reported data is reviewed for accuracy, completeness, logic and consistency, and the review and evaluation processes used are clearly documented.

      c)      All member and provider information protected by Federal and State law, regulations, or policies is kept confidential, and

      d)      Contractor staff and providers are kept informed of at least the following:
- i) QM/PI requirements, activities, updates or revisions,
- ii) Study and PIP results,
- iii) Performance measures, and
- iv) Profiling results.

PROCEDURES:

1) CRSA will conduct monthly validity checks on data submitted by the Contractor(s). These include:
   a) Performing checks for missing data,
   b) Performing logic and range checks,
   c) Verifying correct data formats in fields (For example, text in text fields or correct date formats in date fields),
   d) Performing checks for duplicate observations, and
   e) Reviewing changes from the previous to current submission.

2) CRSA will allow an error rate of up to 5% for data submissions. CRSA reserves the right to be more stringent on certain fields based upon the importance of the information contained in the field. CRSA will provide specific guidance for each dataset under review for error rates.

3) If the error rate is above the standard set by CRSA, the Contractor is required to resubmit corrected data.
   a) Resubmission timeframe is within 5 business days
   b) Data resubmissions must be sent to the Compliance Division.

4) CRSA will review error reports in the QM Committee meetings on a quarterly basis.

5) If deemed necessary, Corrective Action Plans (CAPs) may be requested of the Contractor during the QM Committee meetings. If the Contractor's CAP requirements do not show progress toward compliance within the timeline of the CRSA approved CAP, a Notice to Cure or sanction may be issued in accordance with the CRSA Notice to Cure and Sanction policy.

6) Annual Administrative Review:
   a) CRSA will evaluate the number of data resubmissions during the Annual Administrative Review.
   b) CRSA will conduct data validation via medical record samples at least once a year.
   c) CRSA will review Contractor's data policies.

7)  On an annual basis and as needed CRSA will perform inter-rater reliability testing and provide technical assistance for any CRSA staff or Contractor staff who place data in the Quality of Care database.

| Approved: | Date: |
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| _____ <br> CRSA Administrator | _____ |
| _____ <br> CRSA Medical Director | _____ |
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